

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 10537758
APPLICANT(S) _____

FILING DATE _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | | |
| 2 | | | | 1 | | |
| 3 | | | | 1 | | |
| 4 | | | | 1 | | |
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| TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | | 19 | | | |
| TOTAL CLAIMS | | | 21 | | | |

| | * IND. DEP. | | * IND. DEP. | | * IND. DEP. | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |